

## MONTANA DEPARTMENT OF TRANSPORTATION PO BOX 8019

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www.mdt.mt.gov

## Federal, State, Local Governments and School Districts

Refund of Montana Diesel Tax

oplicants Name:				
-			044	
annig Address:		Phone Number:		
ty:	State:	Zip Code + 4:		
	INSTRUCTI	ONS		
Photocopied invoices must The name on this applicati declaring the names on the This claim must have an or The fuel placed in the tank purchased was tax paid (un	application, invoices must be subn be listed on Schedule 3 (page 2) are on must match the name on all inv invoices and the applicant are on it riginal signature or it will be returned must be used exclusively by a go	nd submitted with application voices. If the names differ in a the same. ed to sender. vernment entity and the rece	n. anyway a signed stateme ipts must show that the fu	
	Schools & Government	Only		
Total Galle	ons Refund Amour			
Total Galle (from Schede	ons Refund Amour	nt Total Refund		
ereby declare and represent that the licant; that the invoices and photo	Refund Amour Per Gallon  X \$0.2775 =	Total Refund Amount \$	ased and entirely consumed by	
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## **SCHEDULE 3**

## List Tax Paid Purchases Only Attach Photocopied Invoices

Attach Photocopied Invoices				
DATE	DEALER	INVOICE NUMBER	CLEAR DIESEL GALLONS	
Total: (Enter total in column 1 on front of application)				